

**LOBBYING REGISTRATION FORM**  
To be used for initial registrations and renewals.

**Instructions**

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

**FOR OFFICE USE ONLY**  
Postmark Date: 12/30/04

Ren. 2005  
✓ \$7300  
\$110.00 w/8

1041503

1. NAME Long Kirk W  
Last First MI
2. BUSINESSPHONE 225-906-4801  
Area Code and Phone Number
3. BUSINESS ADDRESS 10105 Park Rowe Circle, Baton Rouge, LA 70810  
Street and No. City State Zip
- MAILING ADDRESS Same  
Street and No. City State Zip
4. EMPLOYER The Naval Medical Center Hospital
5. EMPLOYER'S ADDRESS Same  
Street and No. City State Zip
6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.
1. Name LA. Ambulatory Surgery Association  
Address 234 S. Ryan Street, Lake Charles, LA  
Business or purpose Legislative Assistance - Physician owned Ambulatory Surgery Centers  
Does this person pay you? ☒  
If No, who pays you? \_\_\_\_\_

LOBBYING  
ETHICS ADMINISTRATION  
CAMPAIGN FINANCE  
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**HAND DELIVERED**

# LOBBYING REGISTRATION FORM



2. Name LA. Association of Geriatric Care Facilities  
 Address 10105 Park Lane Circle, Baton Rouge, LA 70810  
 Business or purpose Promotion of Physician Owned Surgical Hospitals  
 Does this person pay you? ☒

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
 Signature of Lobbyist

ATTACH  
 2" x 2"  
 PHOTOGRAPH  
 HERE